

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Symetra Life Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	LUC-176 10/12 - Rate Class App Filing		
<b>Project Name/Number:</b>	LUC-176 10/12 - Rate Class App Filing/LUC-175 10/12 - Rate Class App Filing		

## Filing at a Glance

Company:	Symetra Life Insurance Company
Product Name:	LUC-176 10/12 - Rate Class App Filing
State:	Arkansas
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	11/02/2012
SERFF Tr Num:	SYMT-128755153
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	

Implementation	On Approval
Date Requested:	
Author(s):	Lisa Hampton, Leslie Wirick
Reviewer(s):	Linda Bird (primary)
Disposition Date:	11/09/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

**State:** Arkansas **Filing Company:** Symetra Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** LUC-176 10/12 - Rate Class App Filing  
**Project Name/Number:** LUC-176 10/12 - Rate Class App Filing/LUC-175 10/12 - Rate Class App Filing

## General Information

Project Name: LUC-176 10/12 - Rate Class App Filing Status of Filing in Domicile: Pending  
 Project Number: LUC-175 10/12 - Rate Class App Filing Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 11/09/2012  
 State Status Changed: 11/09/2012  
 Deemer Date: Created By: Lisa Hampton  
 Submitted By: Lisa Hampton Corresponding Filing Tracking Number:

Filing Description:  
 October 31, 2012

Symetra Life Insurance Company  
 NAIC# 1129-68608  
 FEIN# 91-0742147

RE: LUC-176 10/12 – Life Insurance Application – Part 1

We are submitting copies of final versions of the above referenced form for your review. The content does not deviate from normal company or industry standards and contains no unusual or controversial items.

This form is submitted in final printed form and is subject only to minor modifications in paper stock, ink, and adaptation to computer printing. At some time in the future, it may be necessary for us to change the format, fonts, page breaks, etc. in this form in order to accommodate new technology or new printing equipment. We reserve the right to make these types of changes without re-filing as long as there is no change to the specific content of these forms. However, any such accommodation will not result in the use of a font or type style or size which would violate any law, regulation or standard.

LUC-176 10/12, Part I Life Insurance Application, is an application for general use and will be used in the application process and will become a part of the policy at issue.

This form will replace LUC-170 1/13, Part I Life Application, approved 8/27/12 under SERFF filing SYMT-128597574.

Our contracts are marketed by licensed representatives who are appointed with the Company and sell through bank or agency distribution systems. Commissions and gross premiums are consistent with those of the Company's individual policies and there is no deviation from usual retention.

The Flesch Score is 52.1.

If you have questions, please contact me at the numbers noted below.

Sincerely,

Elizabeth A. Hampton  
 Contract Analyst

**State:** Arkansas  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** LUC-176 10/12 - Rate Class App Filing  
**Project Name/Number:** LUC-176 10/12 - Rate Class App Filing/LUC-175 10/12 - Rate Class App Filing

lisa.hampton@symetra.com

425-256-5468

800-796-3872 ext 65468

## Company and Contact

### Filing Contact Information

Lisa Hampton, Senior Compliance Analyst lisa.hampton@symetra.com  
777 108th Ave. NE, Suite 1200 425-256-5468 [Phone]  
Bellevue, WA 98004-5135 425-256-5466 [FAX]

### Filing Company Information

Symetra Life Insurance Company	CoCode: 68608	State of Domicile: Washington
777 108th Ave NE, Suite 1200	Group Code: 1129	Company Type: Insurance
Bellevue, WA 98004-5135	Group Name:	State ID Number:
(800) 796-3872 ext. [Phone]	FEIN Number: 91-0742147	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	1 application @ 50.00
Per Company:	No

Company	Amount	Date Processed	Transaction #
Symetra Life Insurance Company	\$50.00	11/02/2012	64532587

<b>SERFF Tracking #:</b>	SYMT-128755153	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Symetra Life Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	LUC-176 10/12 - Rate Class App Filing		
<b>Project Name/Number:</b>	LUC-176 10/12 - Rate Class App Filing/LUC-175 10/12 - Rate Class App Filing		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/09/2012	11/09/2012

<b>SERFF Tracking #:</b>	SYMT-128755153	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Symetra Life Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	LUC-176 10/12 - Rate Class App Filing		
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## Disposition

Disposition Date: 11/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Part I Life Application		Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Symetra Life Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	LUC-176 10/12 - Rate Class App Filing		
<b>Project Name/Number:</b>	LUC-176 10/12 - Rate Class App Filing/LUC-175 10/12 - Rate Class App Filing		

## Form Schedule

Lead Form Number: LUC-176 10/12

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Part I Life Application	LUC-176 10/12	AEF	Revised	Previous Filing Number:	SYMT-128597574	52.100	LUC-176 10-12.pdf
						Replaced Form Number:	LUC-170 1/13		

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**Symetra Life Insurance Company**

[777 108th Avenue NE, Suite 1200, Bellevue, WA 98004-5135]

**Send to:** [Service Center: Fax: 1-888-274-0802]

[PO Box 84068 | Seattle, WA 98124-9718]

**LIFE INSURANCE APPLICATION — PART I LUC-176 10/12**

Page [1 of 5]

<b>PROPOSED INSURED INFORMATION</b>	Life Insurance for First MI Last					Soc. Sec./Tax I.D.		
	<input type="checkbox"/> Male <input type="checkbox"/> Female							
	Street/PO Box			City	State	Zip		
	Phone Number		Best Time to call		Best Day to call			
	Occupation		Employer		Annual Income	State of Birth		
	Height	Weight	Driver's License #			Date of Birth		
	Owner if other than Proposed Insured				Soc. Sec./Tax I.D.	Relationship		
	Owner Address		Street/PO Box		City	State	Zip	
Insurance Needed For <input type="checkbox"/> Debt/Family/Business Protection <input type="checkbox"/> Income Replacement <input type="checkbox"/> Retirement/Estate Planning <input type="checkbox"/> Other _____								
<b>COVERAGES</b>	<b>Amount of Coverage \$</b>		<b>Quoted Premium \$</b>		<b>Net Credited [Interest Rate (SPL Only)]</b>			
	[Plan Choice] <input type="checkbox"/> Term (please select term) <input type="checkbox"/> 10-yr <input type="checkbox"/> 15-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 30-yr <input type="checkbox"/> Universal Life Plan (UL) _____ Death Benefit Option: <input type="checkbox"/> A Level <input type="checkbox"/> B Increasing <input type="checkbox"/> C Face Amount plus premiums less distributions (subject to limits shown in the Policy) ] Life Insurance Qualification Test: <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT) <input type="checkbox"/> Variable Universal Life (VUL) _____ Death Benefit Option: <input type="checkbox"/> Level <input type="checkbox"/> Increasing <input type="checkbox"/> Single Premium Life (SPL) _____ [Include Return of Premium: <input type="checkbox"/> Yes <input type="checkbox"/> No] <input type="checkbox"/> Other _____			[Riders] <input type="checkbox"/> Lapse Protection Benefit (Classic UL only) <input type="checkbox"/> Term Rider on Self (UL only) \$ _____ <input type="checkbox"/> Term Rider on Others (please complete part 1 for each rider) How many: _____ (for Term Life only 1 available) <input type="checkbox"/> Insured Children's Benefit (please complete the Part III ICB form) <input type="checkbox"/> Waiver of Premium ] <input type="checkbox"/> Waiver of Monthly Deduction] <input type="checkbox"/> Disability Income Rider for Accidental Injury \$ _____ (Monthly benefit min \$50, max \$3,000 not to exceed 1.5% of the face amount) <input type="checkbox"/> Accidental Death Benefit _____ <input type="checkbox"/> Guaranteed Insurance Option _____ <input type="checkbox"/> Charitable Giving Rider A Charitable Beneficiary must be named in the Beneficiary section of this application. <input type="checkbox"/> Other _____ [Not all benefits available for all plans.]				
<b>RATE CLASS</b>	<b>Rate class applied for (Check one only)</b>							
		[Super Preferred Non-Nicotine]	[Preferred Non-Nicotine]	[Traditional Plus Non-Nicotine]	[Traditional Non-Nicotine]	[Preferred Nicotine]	[Traditional Nicotine]	[Juvenile]
	[SPL]							[N/A]
		[Super Preferred Non-Nicotine]	[Preferred Non-Nicotine]	[Standard Plus Non-Nicotine]	[Standard Non-Nicotine]	[Preferred Nicotine]	[Standard Nicotine]	[Juvenile (UL only)]
	[All Other Products ]	N/A					N/A	N/A

<p>The percentage for each product and each type of beneficiary must total 100%. Do not indicate multiple beneficiaries as a group – e.g., "All Children of Proposed Insured." If more space is needed, please add additional beneficiaries in the Remarks section.</p>							
<b>BENEFICIARY INFORMATION</b>	P = Primary C = Contingent	Name (first, middle initial, last) or Organization Name, Address and Telephone Number	Date of Birth/Trust	SSN, TIN or 501(c) Tax ID Number	Relationship to Proposed Insured	%	
	<input type="checkbox"/> P						
	<input type="checkbox"/> P						
	<input type="checkbox"/> P <input type="checkbox"/> C						
	<input type="checkbox"/> P <input type="checkbox"/> C						
[Charitable Giving Rider]							
<b>TEMPORARY INSURANCE</b>	<b>Temporary Life Insurance Agreement (TIA) questions:</b> For any "Yes" answers to questions 1 – 2 please provide details in the Remarks section, including doctor names, addresses, dates and treatments.					<b>Yes</b>	<b>No</b>
	1. Within the past 90 days, has the Proposed Insured been admitted to, or been advised to be admitted to, a hospital?					<input type="checkbox"/>	<input type="checkbox"/>
	2. In the past two years has the Proposed Insured been treated for: heart disease, stroke, tumor, mass, cancer, alcohol, drugs, or Acquired Immunodeficiency Syndrome (AIDS)/Aids Related Complex (ARC) by a medical professional?					<input type="checkbox"/>	<input type="checkbox"/>
	If you are under age 81 and your face amount is \$1,000,000 or less and you answered NO to the TIA questions above, you will be covered under the TIA if a check is collected for the initial payment or you sign up for initial payment by EFT or wire transfer (maximum coverage is \$250,000) . <b>NOTE TO AGENT/INSURANCE PRODUCER:</b> For any Yes answers to questions 1 - 2 or if the face amount is greater than \$1,000,000, do not collect premium. No TIA coverage will be in effect.						
<b>APPLICANT REPLACEMENT</b>	1. Do you have any other existing insurance policies or annuity contracts in force or applied for with this or any other company?					<b>Yes</b>	<b>No</b>
	Company	MO/YR Issued	Face Amount	Policy Type	Annual Premium		
	2. To the best of the Applicant's knowledge, will the policy applied for replace any existing life insurance policy or annuity, or is any part of the premium to be paid by policy loan, or cash value on insurance presently in force? (If yes, attach state replacement disclosure.)					<b>Yes</b>	<b>No</b>
	3. Existing Policy Cash Value \$ _____ Amount of Surrender Charge \$ _____						
	4. Will new policy have surrender charges?					<input type="checkbox"/>	<input type="checkbox"/>



INSURANCE PRODUCER REPLACEMENT	1. Does the Applicant have any existing life insurance policies or annuity contracts with this or any other company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	2. To the best of your knowledge, will this insurance replace or change any existing life insurance or annuity?	<input type="checkbox"/>	<input type="checkbox"/>
	3. If replacing, how does this policy better serve the Applicant's needs?		
ADDITIONAL INFORMATION	<b>Additional Information:</b> For any "Yes" answers to questions 1 – 3, please provide details in the Remarks section.	Yes	No
	1. Does the applicant/owner or proposed insured intend to assign or sell, or have they been involved in any discussion about the possible sale or assignment of, the life insurance policy for which the application is being made?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Has the applicant/owner or proposed insured ever sold a policy to a life settlement, viatical or other secondary market provider, or are they in process of selling a policy?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity?	<input type="checkbox"/>	<input type="checkbox"/>
PAYMENT INFORMATION	<b>Payment Method:</b> <input type="checkbox"/> Automatic EFT* <input type="checkbox"/> Check <input type="checkbox"/> Wire transfer to Symetra (SPL Only)  Payment With Application: \$ _____  Who is providing the premium for this policy? _____		
	<b>Payment Frequency:</b> <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly EFT* <input type="checkbox"/> Single Payment For all payments (initial and future) to be taken by EFT, please complete the following: Name On Account _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings    Bank Name _____ Routing # _____ Account # _____ Draft date (not the 29th, 30th, 31st) _____ <small>*Marking this box authorizes us to automatically deduct from your checking or savings account by electronic funds transfer (EFT).</small>		
REMARKS			

**AUTHORIZATION TO RELEASE PERSONAL INFORMATION**

I hereby authorize and request any medical care provider, pharmacy, pharmacy benefits manager, individual employer, insurance company, reinsuring company, medical examiners, government unit, consumer reporting agency, or other person or organization, and MIB, Inc., to disclose any and all medical information, non-medical information, employment information, and insurance information they hold concerning me, to the employees, agents, or attorneys of Symetra Life Insurance Company. This disclosure Authorization will permit employees, agents or reinsurers of Symetra Life Insurance Company to view, copy, be furnished copies, share, or be given details of all such information described above including, but not limited to, mental and physical condition, evaluation, diagnoses, treatment, prognoses, prescription records, and/or toxicology results; specifically to include drug or alcohol use, mental illness, psychiatric treatment or diagnosis, testing and/or treatment of HIV (AIDS virus) and/or other sexually-transmitted diseases. Symetra Life Insurance Company obtains medical information only in connection with specific products or claims. Symetra Life Insurance Company will not use or share personally identifiable medical information for any purpose other than the underwriting or administration of your policy, claim or account. I understand that the information obtained pursuant to this Authorization will be used for the purpose of verifying, evaluating, negotiating, and other pertinent legal uses, with respect to my application for insurance, or claim under a policy of insurance. This Authorization will expire at the end of the contestability period of any insurance policy issued in reliance on the records obtained through this Authorization or twenty-four (24) months after the date of signing this Authorization. The individual signing this Authorization has the right to revoke Authorization in writing, except to the extent that action has been taken in reliance on the Authorization, or during a contestability period. A written statement revoking this Authorization delivered to Symetra Life Insurance Company at its usual business address will revoke this Authorization. Any copy of this Authorization shall have the same authority as the original. I also understand that I or my representative have a right to receive a copy of this Authorization upon request.

I authorize Symetra Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB.

I, the Owner, certify under the penalties of perjury that (1) the number shown in Proposed Insured Information section is my correct taxpayer identification number, and (2) I am not subject to backup withholding.

I (we) agree that all statements and answers recorded on this application are true and complete to the best of my/our knowledge and belief, and shall form a part of any policy issued. I have also read the Temporary Life Insurance Agreement. (Maximum Coverage is \$250,000.)

**Fraud Warnings**

Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Arkansas Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**District of Columbia Residents:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**I acknowledge this insurance policy was not a prerequisite to receiving credit, property or services from any bank and that the amount of insurance I am applying for may not meet my complete financial needs. I have received information both orally and in writing stating that this insurance product is not a deposit or other obligation of, or guaranteed by, any bank or an affiliate of a bank and that the insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, or an affiliate of a bank. The Agent/Insurance Producer has verified my identity by viewing my state drivers license or other government-issued photo identification or alternate method approved by the Company.**

Signed this \_\_\_\_\_, at \_\_\_\_\_, State of \_\_\_\_\_  
Date City State

\_\_\_\_\_  
Printed Name of Proposed Insured Print Name of Writing or Authorized Insurance Producer

\_\_\_\_\_  
Signature of Proposed Insured (Age 15 or older) Signature of Writing or Authorized Insurance Producer

\_\_\_\_\_  
Signature of Applicant/Owner\* if other than Proposed Insured Insurance Producer Phone Insurance Producer Stat Number

\_\_\_\_\_  
Insurance Producer Email

Branch Name \_\_\_\_\_ Branch # \_\_\_\_\_ Cost Center # \_\_\_\_\_ Rep ID # \_\_\_\_\_

\* If Applicant is corporation/partnership, a corporate officer/partner other than Proposed Insured must sign.

## NOTICE OF INSURANCE INFORMATION PRACTICES

**MIB, Inc. (Medical Information Bureau, MIB)** – Information regarding your insurability will be treated as confidential. Symetra Life or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com). The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. MIB may also be contacted at 1-866-692-6901 (TTY 1-866-346-3642). Symetra Life or its reinsurers may also release information in its file to others insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**Investigative Consumer Report** – As a part of our underwriting procedure, we may request an investigative consumer report from a consumer reporting agency. A consumer report confirms and supplements the information on your application about your employment, residence, finances, smoking habits, marital status, occupation, hazardous avocations and general health. This report may also include information concerning your general reputation, personal characteristics and mode of living except as may be related directly or indirectly to your sexual orientation, including drug and alcohol use, motor vehicle driving record and any criminal activity. This information may be obtained through personal interviews with you, your family, friends, neighbors and business associates. If a report is required, you may request to be personally interviewed. If you wish to be personally interviewed, request this in the remarks section on the reverse side of this application and we will notify the consumer reporting agency.

The information contained in the report may be retained by the consumer reporting agency and later disclosed to other companies to the extent permitted by the Fair Credit Reporting Act. We hold investigative consumer reports in strict confidence, and we use them only to evaluate your application on a fair and equitable basis. You have a right to inspect and obtain a copy of this report from the consumer reporting agency. Such a report rarely has an adverse effect on an individual's eligibility for insurance. If it should, however, we will notify you in writing, and identify the reporting agency. You, or your authorized representative, are entitled to a copy of this Notice.

**Disclosure to Others** – Personal information we obtain about you during the underwriting process is confidential, and we will not disclose it to other persons or organizations without your written authorization, except to the extent necessary for the conduct of our business. Examples of situations where we may share information about you follow:

1. The agent may retain a copy of your application. If reinsurance is required, the reinsurance company will have access to our application file. We give the consumer reporting agency enough identity information about you so that it may initiate a consumer report investigation.
2. We may release information to another life insurance company to whom you have applied for life or health insurance, or to whom you have submitted a claim for benefits, if you have authorized that company to obtain such information, and it submits your authorization to us with its request for information.
3. As stated earlier, we may report information to MIB.
4. We may release information to persons or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations, or to our affiliates who may wish to market products or services.
5. We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.

**Access and Correction** – In general, you have a right to learn the nature and substance of any personal information about you in our file, upon your written request. Whenever we make an adverse underwriting decision, we will notify you of the reasons for the decision and the source of the information on which we based our decision. Please refer to the section on MIB, Inc., for that organization's disclosure procedure. There are procedures by which you can obtain access to personal information about you appearing in our policy files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request. If you feel that any information we have is inaccurate or incomplete, please write to the Life New Business Department of Symetra Life, PO Box 84068, Seattle, Washington 98124-9918. Your comments will be carefully considered and corrections made where justified.

## TEMPORARY LIFE INSURANCE AGREEMENT

**AMOUNT OF COVERAGE:** If the Temporary Life Insurance questions have been answered "no" and if money has been accepted as advance payment for life insurance and the Proposed Insured dies while this temporary insurance is in effect, we will pay the beneficiary an amount equal to the lesser of:

- (a) the amount of all death benefits applied for with this application, including any accidental death benefits, if applicable; or
- (b) a maximum amount under all Temporary Life Insurance Agreements with Symetra Life of \$250,000.

**COVERAGE BEGINS:** Life insurance under this Agreement will begin on the date of this application, if the Temporary Life Insurance questions have been completed and answered "no" and money equal to the first full premium has been accepted as advance payment for life insurance.

**COVERAGE ENDS:** Life insurance under this Agreement will terminate on the earliest of:

- (a) 90 days from the date of this Agreement; or
- (b) the date that insurance takes effect under the policy applied for; or
- (c) the date a policy, other than as applied for, is offered to the Applicant; or
- (d) the date the Company mails notice of termination of coverage and a return of the payment to the Applicant.

**LIMITATIONS:**

- (a) This Agreement does not provide benefits for disability.
- (b) Fraud or material misrepresentation in the application or in the answers to the questions of this Agreement invalidate this Agreement and the Company's only liability is for refund of the payment made.
- (c) If the Proposed Insured is less than 15 days old or more than 80 years old, the Company's liability under this Agreement is limited to a refund of the payment made.
- (d) If the Proposed Insured commits suicide, the Company's liability under this Agreement is limited to a refund of the payment made.
- (e) If the check or draft submitted as payment is not honored by the bank, there is no coverage under this Agreement.
- (f) No one is authorized to waive or modify the terms of this Agreement.

<b>SERFF Tracking #:</b>	SYMT-128755153	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Symetra Life Insurance Company
<b>TOI/Sub-TOI:</b>	L08 Life - Other/L08.000 Life - Other		
<b>Product Name:</b>	LUC-176 10/12 - Rate Class App Filing		
<b>Project Name/Number:</b>	LUC-176 10/12 - Rate Class App Filing/LUC-175 10/12 - Rate Class App Filing		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Certificate of Readability LUC-176.pdf AR Certification.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	This is in the Forms Schedule tab.		
		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
SOV_LUC-176_1012-Draft.pdf			

## CERTIFICATION OF READABILITY

To the best of my knowledge, this form meets all applicable statutes and regulations for readability standards. The Flesch score is:

LUC-176 10/12 – 52.1

A handwritten signature in dark ink, appearing to read 'SWS', is positioned above a horizontal line.

---

Suzanne Webb Sainato, V.P.  
Chief Compliance Officer  
Symetra Life Insurance Company

State of Arkansas

**CERTIFICATION**

LUC-170 1/13

I hereby certify that we are in compliance with 23-79-138; Bulletin 6-87; Bulletin 11-88;  
and Regulation 49.

A handwritten signature in black ink, appearing to read 'SWS', is positioned above a horizontal line.

---

Suzanne Webb Sainato, V.P.  
Chief Compliance Officer  
Symetra Life Insurance Company

## Statement of Variability

Symetra Life Insurance Company  
NAIC # 68608/ FEIN #91-0742147

October 11, 2012

### Forms: **LUC-176 10/12 – Part I Application**

The variability for bracketed items in the above-referenced forms is provided below. This Statement of Variability reflects bracketing of items that will vary based upon policy specific information. In addition, this Statement of Variability also reflects bracketing of items that Symetra Life Insurance Company might vary within the range provided for future issues without requiring a re-filing. We have bracketed these items so we may more quickly respond to changes in the market, in company experience, or in the regulatory environment. Any changes made in such items will be determined based on sound actuarial practice and administered in a uniform and non-discriminatory manner. With the exception of the current Company and address, such variable information will not be changed for issued policies, only for new issues.

<b>LUC-176 10/12 – Life Insurance Application</b>		
<b>Field</b>	<b>Range</b>	<b>Explanation of Variation</b>
[Company Address and Telephone Number]		Displays the current address and telephone number of the company.
Send to: [Administrative Office, Fax Number and Mailing Address]		Displays the administrative office or mailing office address and it's fax number.
[Page Numbers]	1-10	Displays the page number and total number of pages, which may vary dependent upon length.
Interest Rate (SPL only)		Displays the initial interest rate for Single premium life plans
[Plan Choice]	<input type="checkbox"/> <b>Term</b> (please select term) <input type="checkbox"/> <b>10-yr</b> <input type="checkbox"/> <b>15-yr</b> <input type="checkbox"/> <b>20-yr</b> <input type="checkbox"/> <b>30-yr</b> <b>[Universal Life Plan (UL)]</b> Please select plan: <input type="checkbox"/> <b>Classic UL</b> <input type="checkbox"/> <b>SUL</b> [Death Benefit Option: <input type="checkbox"/> A Level <input type="checkbox"/> B Increasing] <input type="checkbox"/> C Face Amount plus premiums less distributions (subject to limits shown in the Policy) ] [Life Insurance Qualification Test: <input type="checkbox"/> Guideline Premium Test(GPT) <input type="checkbox"/> Cash Value Accumulation Test(CVAT)]	Displays available plans. Only those that are approved and available will be displayed

	<input type="checkbox"/> <b>Variable Universal Life (VUL)</b> Death Benefit Option: <input type="checkbox"/> Level <input type="checkbox"/> Increasing] <input type="checkbox"/> <b>Single Premium Life (SPL)</b> U [Include Return of Premium: <input type="checkbox"/> Yes <input type="checkbox"/> No] <input type="checkbox"/> Other _____]	
[Riders]	<input type="checkbox"/> <b>Lapse Protection Benefit</b> (Classic UL only)] <input type="checkbox"/> <b>Term Rider</b> on Self (UL only) \$ _____] <input type="checkbox"/> <b>Term Rider</b> on Others (please complete part 1 for each rider) How many: _____ (for Term Life only 1 available)] <input type="checkbox"/> <b>Insured Children's Benefit</b> (please complete the Part III ICB form)] <input type="checkbox"/> <b>Waiver of Premium ]</b> <input type="checkbox"/> <b>Waiver of Monthly          Deduction]</b> <input type="checkbox"/> <b>Disability Income Rider          for Accidental Injury</b> <b>\$ _____]</b> (Monthly benefit min \$50, max \$3,000 not to exceed 1.5% of the face amount)] <input type="checkbox"/> <b>Accidental Death Benefit</b> <b>\$ _____]</b> <input type="checkbox"/> <b>Guaranteed Insurance          Option _____]</b> <input type="checkbox"/> <b>Charitable Giving Rider</b> _____ A Charitable Beneficiary must be named in the Beneficiary section of this application.] <input type="checkbox"/> Other: _____]	Displays the Riders and Benefits offer under the policy. Only those that are approved and available for a particular plan will be displayed.
[Rate Class]	Super Preferred Non-Nicotine Preferred Non-Nicotine Standard Plus Non-Nicotine or Traditional Plus Non-Nicotine Standard Non-Nicotine or Traditional Non-Nicotine Preferred Nicotine	Displays the available Rate Class names for the plan being applied for.



	Standard Nicotine or Traditional Nicotine Juvenile	
[Charitable Giving Rider]	<input type="checkbox"/> Charitable Giving Rider (subject to underwriting guidelines) Name of Charitable Beneficiary 501(c) Tax ID Number: Address  Who will provide confirmation to the charitable organization, choose one: <input type="checkbox"/> I will notify the charity of my intent OR <input type="checkbox"/> Permit the Company to notify the charity of my intention upon my death.]	This will be added if the Charitable Giving Rider has been elected in the rider section of the application.

#### **CERTIFICATION**

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification. I further certify that any change or modification to a variable item shall be administered in the variability of information section, including any requirements for prior approval of a change or modification.



Suzanne Webb Sainato  
Vice President  
Symetra Life Insurance Company

October 11, 2012